

House Bill 1653 Testimony

On Tuesday, June 8, 2010, the House of Representatives Professional Licensure Committee held a hearing regarding House Bill 1653, known as the Speech, Language and Hearing Licensure Act. PSHA submitted and presented testimony at the hearing. Other organizations that testified included the Pennsylvania Academy of Audiology, the Pennsylvania Academy of Otolaryngology/Head and Neck Surgery, and the Pennsylvania Medical Society. The purpose of this hearing was to allow members of the House Professional Licensure Committee the opportunity to better understand the positions taken by the various professions with a stake in the passage of this bill.

PSHA members testifying included Dr. Charlotte J. Molrine, Ph.D., CCC-SLP, President of PSHA, Valerie Yura, M.S. CCC, and V.P for Professional Practices in Speech Language Pathology for PSHA and Craig Coleman, M.A., CCC-SLP Past President of PSHA. This was PSHA's chance to educate the committee members on the role speech language pathologists and audiologists play in the provision of services across a broad spectrum of individuals. Understanding our scope of practice helped the committee members understand the need for updated standards regarding instrumental technology as well as the need for universal licensure.

Their testimony is now part of the public record and is included here verbatim for your reference.

Testimony of Charlotte Molrine
Chairperson/Graduate Department Head,
Speech-Language-Hearing Department, Edinboro University of PA
To the House Professional Licensure Committee
June 8, 2010

Honorable Chairman McGeehan, Chairwoman Harhart and esteemed Representatives As President of the Pennsylvania Speech Language and Hearing Association (PSHA), I am pleased to have this opportunity to bring to your attention a number of speech-language and hearing issues that impact the services delivered in Pennsylvania by speech-language pathologists (SLPs) and audiologists, and that highlight the need to update the 1984 Speech-Language and Hearing Licensure act that governs our practice and ethical conduct in a variety of service delivery settings in the Commonwealth.

The bills presently before this Committee and in the Senate are the result of issues facing SLPs and audiologists and the fact that our licensure law is now over a quarter century old. Several versions of the present bills were drafted in response to feedback received from various stakeholders, including the Pennsylvania Academy of Audiology (PAA), members of PSHA and PSHA's executive board, the Educational Resources for Children with Hearing Loss Committee (ERCHL), and the Bureau of Special Education in PDE. In addition, a draft version was sent to every PSHA member for comment. Rewrite issues included discussion about establishing practice definitions in the proposed licensure act that would protect both the practice and title of SLPs and audiologists; requiring universal licensure for all SLPs; establishing provisional licensure; and addressing workload concerns in all settings. The process of drafting the bills introduced this session lasted for more than three years. The current licensure act is a title act, not a practice act. It defines who we are but not what we do. It primarily defines us as speech and language clinicians, and does not acknowledge our role in the diagnosing and treating of cognitive disorders or swallowing disorders. Moreover, practitioners in state and federally funded agencies, as well as private and public school settings, are exempted from the licensure act. They do not need to meet the educational standards that licensed SLPs must meet, yet they may undertake certain

diagnostic and prescriptive roles in those settings that would place those of us in other settings in violation of the law or our code of ethics.

We should all be able to practice our profession according to the standards set forth by the American Speech Language Hearing Association (ASHA) and the American Academy of Audiology (AAA). Speech-language pathologists (SLPs) and audiologists in Pennsylvania should be able to provide their clients/patients with the same standard of care that speech-language pathologists and audiologists in other states can provide. That is what the proposed licensure bill would do: allow speech-language pathologists and audiologists to practice our professions as set forth by our national accrediting bodies. It would also prohibit those who do not meet the standards as spelled out in the law from performing the functions allowed to those who are licensed.

The proposed bills give the Board of Examiners the power to recognize national professional organizations in audiology and speech-language pathology that have established definitions of the practice of those two professions. The proposed bills give the Board of Examiners the power to adopt these definitions of practice to be the practical definitions of the practice of audiology and speech-language pathology for licensees.

Moreover, both the AAA and ASHA also have educational and clinical practice accreditation standards to which university programs nationwide must adhere in order to train students as future professionals competent to meet the scope of practice in audiology and speech-language pathology regardless of the setting. Indeed, the standards of educational and clinical practice established by the AAA and ASHA exceed those standards set for by individual state departments of education. Students graduating from AAA and ASHA accredited programs must meet the standards of clinical competence needed to provide service delivery in audiology and speech-language pathology in a variety of settings, including but not limited to public and private schools, rehabilitation agencies, acute care hospitals, specialty hospitals, medical practices, university clinics, and private practice, to name a few.

Furthermore, all graduate training programs accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) are able to integrate PDE's Instructional I preparation standards for school based practice into their curricula and into their certificate of clinical competence professional preparation. Graduation from CAA accredited programs not only leads to the certificate of clinical competence (CCC) in Speech-Language Pathology (SLP), but also to eligibility for Pennsylvania licensure. The CCC-SLP is recognized by the Departments of Education in 17 states as the credential that prepares SLPs for entry level practice in the schools, and it is recognized as the credential for Highly Qualified Teacher status under No Child Left Behind by many states and local education agencies. Unfortunately in the Commonwealth of Pennsylvania, Instructional Certification in Speech Language Impaired is not automatic with the CCC and PA licensure. Additional requirements are mandated of applicants seeking this certification, and this is the major factor that contributes presently to the shortage of SLPs in many schools districts across the Commonwealth. We believe that eliminating these unnecessary additional requirements is the solution to the shortage of SLPs in the schools, not the exemption from licensure. Moreover, we do not believe that reducing educational requirements for graduating SLPs, and reducing the accreditation requirements for the graduate school programs that produce them, as has been proposed in the Senate, is the solution.

PSHA has worked with PDE, PSEA, the Pennsylvania Training and Technical Assistance Network (PaTTAn), and early intervention agencies on strategies to address the ongoing

shortage of SLPS in various work settings across the Commonwealth. The proposed bills would require licensure for all persons practicing audiology and/or SLP regardless of employment setting beginning two years after the effective date of the act. Specifically, all persons newly employed by a public or private elementary or secondary school, or an institution chartered by the Commonwealth, would have to hold a valid license issued by the board. The proposed bill does not seek to override the Pennsylvania Department of Education's authority to determine the qualifications of SLPs who work in the schools. It simply requires that all new speech-language pathologists who work in the schools hold a PA license, in addition to meeting appropriate PDE requirements. As this will apply to SLPs hired after the bill becomes law, those already employed in the schools will be exempt from having to get licensure, but they will not be grandfathered into licensure.

Rather than exacerbating the shortage of SLPs in the schools, aligning licensure and PDE standards more closely is likely to increase the proportion of new graduates available and willing to choose school employment. For instance, many graduates now choose not to pursue PDE certification because of the expense of the PRAXIS I and II exams, something that could be eliminated by a licensure-instructional certificate combination. Additionally, out of state CCC-SLP holders moving into Pennsylvania would have a more direct route for obtaining PDE certification under a licensure-instructional certification package, further increasing the availability of school based SLPs.

Because many members of PSHA expressed concern that some employers have been terminating individuals who are awaiting the processing of the necessary paperwork for the Certificate of Clinical Competence (CCC) after completing their clinical fellowship experience, the proposed bills provide for a provisional license in SLP or audiology to be issued to applicants who have met all of the requirements for licensure under the act except for the completion of the clinical fellowship necessary to receive either the CCC from ASHA, or certification from AAA. The purpose of the provisional license would be to allow individuals to practice SLP or audiology under appropriate supervision while completing the postgraduate professional experience required for certification. The provisional license would be valid for a maximum of twenty four (24) months and could be renewed upon a formal request to the board with supporting documentation. A person holding a provisional license would be authorized to practice speech language pathology or audiology only while working under the supervision of a person fully licensed in this state.

In summary, the proposed licensure bill seeks to establish licensure as the hallmark of highest quality provider status. It is a credential that defines who we are, what we do, and the educational and clinical standards we have achieved to be certified as competent. More importantly, however, licensure is a credential that protects the consumer. It establishes an expectation of excellence in service provision, overseen and monitored by the Board of Examiners, that ensures that citizens of this Commonwealth with communicative, cognitive, and swallowing needs can have them met by the highest quality provider regardless of the setting in which the services are sought.

Thank you for this opportunity to present this information to you. I will be happy to answer any questions you may have.

Testimony of Valerie Yura

To the House Professional Licensure Committee

June 8, 2010

Chairman McGeehan, Chairwoman Harhart and members of the Professional Licensure Committee, my name is Valery Yura. I am a speech-language pathologist (SLP) who holds the credentials of ASHA CCC-SLP, Pennsylvania license in speech pathology, and Pennsylvania Department of Education (PDE) Level II certification in both Speech Correction and Special Education Supervision.

For the past 11 years I have held a position as a speech-language supervisor in an Intermediate Unit (IU). Prior to that, I was a school based SLP in several districts and IUs for more than 22 years.

I am here representing the Pa. Speech-Language Hearing Association (PSHA), the Pa. Association of Speech Supervisors (PASS), and the Pa. State Advisory Council on Personnel Shortages in Speech Pathology (PSAC-PS).

As a member of these associations, I have heard many opinions expressed about the value of a Pa. Speech License. In particular, I have listened to many of my school-based colleagues in speech pathology who are unsure about state licensure. There is confusion regarding the value of licensing speech-language pathologists employed in the schools. I hope to explain the need for this license to you today, and how it will ensure the highest quality service for the consumers in our schools.

I endorse and support the efforts of all our professional associations to obtain universal licensure for SLPs. I explain to my school based colleagues that it is very important to ensure the public that they have a state licensed professional working with the students, families and educators in the Commonwealth. Without the professional license, there is no consumer quality assurance.

Why is quality assurance important for the public? Without a professional license, the schools and their students, families and faculty would not have the assurance of the continuing education requirements and professional responsibility that a license endorses. Consumers need and deserve to have the highest quality of service provided to them. They need and deserve the most current techniques, the science based practices, and the art of therapy. They need state licensed and ASHA certified SLPs for all services related to speech-language pathology.

When I think about hiring a plumber without a license, I think about the safety and quality of the finished product that I would get. I often think of licensed professions such as medical fields, real estate, hairdressers, funeral directors, accountants, etc. Without a license in those professions, what would the products be worth?

The Pa. license in speech pathology requires a Masters degree in Communication Disorders. That is a minimum entry level requirement that I believe all SLPs in the schools must hold. A Bachelor's degree in this field does not allow for any hands on clinical practicum. A Bachelor's degree only provides introductory coursework in the speech pathology curriculum. When you hold a Bachelor's degree in this field, you have never experienced working directly with clients or students at all. You only have bookwork behind you.

As a supervisor for a speech-language pathology department, I recruit and hire employees to work as speech-language pathologists in the schools. The minimum requirements for my company are Pa. Department of Education certification, but I seek those with a Master's degree in this profession. Although we have been successful in hiring many new SLPs with their Masters' degree, there presently is a shortage of ASHA certified SLPs with full Pennsylvania Department of Education certification. The shortage has resulted sometimes in hiring PDE emergency certified therapists. PDE emergency certified therapists may work for 2 years under emergency certification. During this time period, I encourage them to obtain a Master's degree in our profession. As a speech-language pathology supervisor, I have had to spend many additional hours supporting, training and guiding those who do not have full credentials. I do this because I believe that the consumer (our students) deserves a fully credentialed professional, one who can provide the services with the highest quality, with proven scientifically based techniques, and with independence in following the IDEA regulations and state standards.

If you study No Child Left Behind and the Individuals with Disabilities Education Act (IDEA) laws, you will find highest quality provider clauses for educators in both pieces of legislation. Most states have improved their certification and education requirements for their teachers. I know that Pennsylvania has, and I believe that speech-language pathologists in the schools should also hold the highest quality provider status that other educators achieve. That highest quality provider status would be a Pa. license in speech-language pathology

and the ASHA Certificate of Clinical Competence (CCC-SLP). And, of course, a Pa. Department of Education certificate in the specified discipline.

Another reason to support Pa state license of SLPs in the schools is that our school SLPs frequently receive evaluations and reports from SLPS in other service delivery settings who are required to have licenses. If our school based SLPs do not have the same credentials as these outside professionals, the consumer can become confused by differences in credentialing. This might give the perception of two tiers of professionalism, with the lesser tier being the unlicensed SLP in the schools. We cannot let our public schools be thought of in a lesser light!

Our national association, ASHA, guides us from a national perspective, but each state has the right to determine local requirements. Other states have a requirement for a professional license. Pennsylvania should have it too. Our citizens deserve fully credentialed, licensed and certified professionals providing speech-language pathology services that are scientifically based, proven to work, understandable to the consumer, and based on a therapeutic art that motivates and maintains student interest in improving their communication skills.

I offer my support and endorsement for the Pa. license in speech-language pathology as a minimum entry-level requirement for practicing speech pathologists in our state, and, in particular, for providing speech-language services in the schools of the Commonwealth.

I hope that this panel will do the same. Thank you for your time and consideration of this important issue.

TESTIMONY OF CRAIG COLEMAN,
CLINICAL COORDINATOR, CHILDREN'S HOSPITAL OF PITTSBURGH
TO THE HOUSE PROFESSIONAL LICENSURE COMMITTEE
JUNE 8, 2010

Chairman McGeehan, Chairwoman Harhart, and members of the Committee, thank you for allowing me to be here today to talk with you about current issues in speech-language pathology and how they relate to proposed legislation. I'm honored to represent speech-language pathologists throughout the state. I would like to take this opportunity to discuss this important legislation from the perspective of a clinical service provider at Children's Hospital of Pittsburgh.

The Committee currently has before it House Bill 1653 sponsored by Rep. Wansacz. The Senate is considering Senate Bill 710 sponsored by Sen. John Gordner. The bills, as introduced, are

identical. Some necessary amendments have been proposed to the Senate bill, and have been agreed to by all parties. We are ready to support these amendments should they be proposed to the House bill as well. However, other amendments have also been proposed in the Senate which will do serious damage to the bill.

As introduced, the bills will allow speech-language pathologists in our state to provide clinical service within an updated scope of practice. The scope of practice will be consistent with national standards that several neighboring states have already adopted. Our licensure act has not been updated in Pennsylvania since 1984, over a quarter of a century ago. Fortunately for our patients, research and technology have greatly expanded our understanding of speech, language, and swallowing disorders. Evidence-based practice requires us to utilize this research, including the latest technology, in our assessment and intervention. House Bill 1653 will allow clinicians throughout the state to utilize current evidence-based practice to help our patients reach their communication potential. This can only be achieved if the updates, as contained in the bill, are implemented.

If our professions are to continue to grow, and benefit the citizens of Pennsylvania, our scope of practice must be updated to allow for the most state-of-the-art technology and procedures. This includes being able to reach patients in remote parts of the state through telepractice, to effectively evaluate and treat swallowing and voice disorders through endoscopy, and to use state-of-the-art instrumentation which will enable us to gain more accurate and objective measures of our patients communication and swallowing disorders, and to more accurately treat these disorders.

The use of flexible fiberoptic endoscopy to evaluate swallowing function by trained speech-language pathologists is specifically included in the American Speech-Language-Hearing Association's 2007 Scope of Practice, and has been in use by Speech Language Pathologists for the past two decades without a single published report of an adverse event. Swallowing disorders causing misdirection of swallowed food or liquids into the lungs, are the source of up to 15% of community acquired pneumonia in elderly adults, as well as choking and malnutrition. Many states specifically include endoscopy in the speech-language pathology scope of practice either by law or by regulation. Recent licensure law changes in California (2002), New Jersey (2005), Tennessee (2007), Michigan (2009) and Maryland (2009) have included specific language to allow speech-language pathologists to use endoscopy.

With an updated scope of practice, clinicians will be obligated to continue our education and maintain the highest possible standards. This bill will protect consumers by holding speech-language pathologists accountable to standards that our patients deserve, and that serve to promote the health and welfare of Pennsylvania's children and adults in need of communication and swallowing intervention.

A system needs to be in place that would ensure the highest quality of care for every consumer. The current law does not do that. Our current system allows speech-language pathologists working in schools and government agencies to practice without a license. Thus, children from higher socioeconomic backgrounds are able to receive services from a licensed speech-language pathologist because their parents can afford to take them to an outpatient clinic or private

practice. At the same time, children whose parents cannot afford such services risk receiving services from unlicensed clinicians with less training and education than licensed clinicians, in a school setting or government agency. In addition, non-licensed personnel are not regulated by the state or bound by a scope of practice within the state and more importantly are not required to participate in professional speech/language continuing education. Some school districts, like the Pittsburgh Public Schools, already require all speech-language pathologists to be licensed because the leaders of the program understand the importance of high standards. Knowing that, I would ask you all to consider whether you would like your children to receive speech and language services from a less qualified, non-licensed provider when their communication skills or swallowing safety are at stake.

In the state of Pennsylvania, physicians, occupational therapists, physical therapists, cosmetologists, funeral directors, and landscape architects are among the groups that must be licensed in all settings of practice. We owe it to our consumers to include provisions for universal licensure to ensure that speech-language pathologists are among those groups licensed in all settings. I urge you to oppose any and all efforts to remove this crucial consumer protection provision from the legislation. Universal licensure is necessary for all speech-language pathologists and audiologists who seek to practice in our state, and is necessary to ensure safe and effective clinical services for their clients and patients in Pennsylvania. Recent licensure updates in the nearby states of Maryland and Michigan have included universal licensure.

We are aware of the personnel shortages that exist for speech-language pathologists in Pennsylvania. These shortages are not limited to the schools, but exist in all settings including health care settings. This shortage is nationwide, but reducing the necessary qualifications for competent practice, is not a solution that has been embraced by any other state. Those who oppose universal licensure do so for one of two reasons.

First, some believe that universal licensure will make it more difficult to fill job openings in school settings. In reality, universal licensure will allow more flexibility for people to move from other states into our state, and make it easier for professionals already practicing in our state to move between work settings. Furthermore, nobody currently working in a school setting would have to obtain a license. Only those hired after the law passes would be required to be licensed. Second, some oppose universal licensure simply as a means of supporting their own programs designed to train school-based personnel. Bloomsburg has created one such program, which happens to be the only one of its kind in the commonwealth. Under this program, speech-language pathologists receive limited training, and are trained **only** to work in a school setting. Unfortunately, they are not trained to manage the complex conditions of medically fragile children who are mainstreamed into the educational system, who have swallowing disorders necessitating the skill of a qualified Speech Language Pathologist. Moreover, graduates of this program are not eligible to receive a state license or certification from the American Speech-Language Hearing Association. They are eligible only for Pennsylvania Department of Education (PDE) certification, and will not have the flexibility to move between states or between settings. A universal licensure requirement will essentially put an end to this practice of training less qualified professionals and allow more opportunities for licensed speech-language pathologists to be employed in school settings.

There is no question that personnel shortages must be addressed. Universal licensure is a first-step in that direction. We are willing to continue working with PDE and this legislative body to come up with creative ideas to solve these issues. We cannot let need dictate quality of care. This licensure act will protect both professionals and consumers. These bills will allow speech-language pathologists to practice in an environment in which our skills are allowed to be utilized within a modern scope of practice that has been accepted nationwide except in Pennsylvania, while ensuring the highest possible standards for consumers. As professionals, our duty is to be diligent in providing services of the highest quality, and to make certain that our patients, both children and adults alike, have the best possible opportunity to achieve their full communication potential, and to receive services for their swallowing disorders that best lower their risk of choking, pneumonia and malnutrition. We cannot sit on the sidelines while their future is at stake. Now is the time to act decisively, informatively, and passionately. The future of our patients and your constituents depends on it.

Thank you.